PATENT APPLICATION FEE DETERMINATION RECORD Effective CHOOM, 2003

Application or Docket Number

09/600813

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER SMALL	
TOTAL CLAIMS			100/0///// 17		(Oold/iii/ Z)			RATE FEE		OR 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	D	OR	BASIC FEE	
TC	TAL CHARGE	ABLE CLAIMS	minus 20= '		*			X\$Q =	005	OR	X\$ 8/=	110
IN	DEPENDENT C	LAIMS	mi	nus 3 =	*			x43=		OR	X8b=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT		·				<u> </u>	1		
* If the difference in column 1 is less than zero, enter "0" In column 2							+145= TOTAL	ļ	OR	+290=		
10/14/10 CLAIMS AS AMENDED - PART II							TOTAL	Į	OR	TOTAL OTHER	THAN	
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	40	HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	PJ .	Minus	** 21	0	=		X\$9=		OR	X\$(8=	
	Independent	· 2	Minus	1 *** 3		=		X43=		QR-	*26=	
	rino i Priest	ENTATION OF MI	JUIPLE DEF	ENDENT	CLAIM		1	+145:=		OR	910 =	
								TOTAL ADDIT, FEE		QR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)										Ditti	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	$\Big] \Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		x19=		OR	X\$/8=	
	Independent	<u>*</u>	Minus	***		=	11	X43=		OR	×86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1	+145=		OR	+290=	
		L	TOTAL		OR	TOTAL ADDIT: FEE	-					
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDS	Total	*	Minus	**	v	=	lT	X\$9=	-	OR	X\$[8=	
AME	Independent	*	Minus	***		Ξ	1	XB=			×86	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	F-74-11	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	total.	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE												
	The "Highest Num	her Previously Pain	For" (Total or	Independe	nti is the	highest numbe	er four	nd in the app	ropriate box	ra coi	uma 1	1